

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

15th
5-3-20

70th
5/28/20

PRINTED: 03/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

445306

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETED

C

03/19/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SIGNATURE HEALTH OF PORTLAND REHAB & WELLNESS CENT

215 HIGHLAND CIRCLE DRIVE
PORTLAND, TN 37148

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
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PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

F 000 INITIAL COMMENTS

Complaint investigation #TN00050407, #TN00050644, #TN00050716 and #TN00050732 were completed on 3/19/2020 at Signature Health of Portland Rehab and Wellness. Deficiencies were cited related to complaint investigation #TN00050644 and #TN00050716 under 42 CFR PART 483, Requirements for Long Term Care Facilities.

F 580 Notify of Changes (Injury/Decline/Room, etc.)
SS=D CFR(s): 483.10(g)(14)(i)-(iv)(15)

§483.10(g)(14) Notification of Changes.
(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-
(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;
(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);
(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or
(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).
(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.
(iii) The facility must also promptly notify the

F 000

1. On 03/06/2020 Resident #2 was discharged from the facility.
2. The Director of Nursing (DON) and Assistant Director of Nursing (ADON) will conduct an audit on those residents with new physician's orders for psychotropic medications within the last 14 days to ensure that the resident and/or Responsible Party (RP) was notified of the change in medication regimen. This audit will be completed by 04/03/2020.

F 580

3. a. On 04/03/2020 the Staff Development Coordinator (SDC) initiated re-education with licensed nurses on the facilities change of condition/notification policy. This education session covers the expectation that the licensed nurse will notify the resident and/or their Responsible Party of new physician's orders. The licensed nurse will document the notification in the resident's medical record. This education will be completed by 04/10/2020.

b. New physician's orders will be audited by the Interdisciplinary Team (IDT) in the clinical whiteboard meeting to ensure that the resident and/or their Responsible Party were notified of new physician's orders. The DON and ADON will document this audit review on the "Clinical Whiteboard Follow Up Form" x5 days weekly.

4/30/20

RECEIVED
APR 09 2020
BY: _____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that their safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 580	<p>Continued From page 1</p> <p>resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on facility policy review, medical record review, and interview the facility failed to notify the resident representative for 1 of 4 residents (Resident #2) reviewed for resident representative notification.</p> <p>The findings include:</p> <p>Review of facility policy, "Change of Condition," revised on 11/6/2019 showed, "...The facility will evaluate and document changes in a resident's health, mental or psychosocial status in an efficient and effective manner; to relay evaluation information to physician and to document actions to include but not limited to the following: A need to alter treatment...Notify the resident's</p>	F 580	<p>4. On 04/06/20 a Quality Assurance meeting was completed with the Medical Director, Administrator and DON and other members of the QAPI committee to discuss survey and plans to correct survey exit concerns.</p> <p>All audits will be presented to the Quality Assurance Performance Improvement (QAPI) Committee by the DON for review, to identify trends and for further recommendations monthly x 3 months or until substantial compliance is met. Members of the Quality Assurance Performance Improvement Committee include: Administrator; Director of Nursing; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities Director; Plant Operations Director; Infection Control Prevention Officer/Staff Development Coordinator; Rehabilitation Director; and Medical Records Director.</p>	

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F 580	<p>Continued From page 2</p> <p>representative, consistent with his or her authority, of change and follow through completed by the facility, and document in the EMR [Electronic Medical Record]..."</p> <p>Review of facility policy, "Physician Orders," revised on 11/6/2019 showed, "...Nurse receiving order is responsible for complete order documentation and communication to pharmacy...Notification to family/Power of Attorney (POA) via telephone..."</p> <p>Review of the medical record showed Resident #2 was admitted to the facility on 9/18/2014 with diagnoses which included Vascular Dementia without behavioral disturbance, Essential Hypertension, Transient Cerebral Ischemic Attack, and Peripheral Vascular Disease.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated 11/6/2019 and Annual MDS dated 2/5/2020 showed Resident #2 scored 00 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. Further review revealed the resident required total dependence with one person physical assist with eating and had no weight loss.</p> <p>Review of Resident #2's Physician Order dated 2/21/2020 showed, "...Buspirone 5 mg [milligram] twice a day..."</p> <p>Review of Resident #2's Progress note dated 2/21/2020 showed, "...Verification of order given r/t [related to] Buspirone 5 mg PO BID. Will continue to monitor elder's behaviors and report any further developments..."</p> <p>During an interview on 3/18/2020 at 10:36 AM</p>	F 580		

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F 580	Continued From page 3 Resident #2's Power of Attorney (POA) stated the facility never contacted her related to medication changes. When she reviewed the paperwork the facility sent to the new facility her grandfather went to he had an order for Buspar in February, and nobody notified her of that order. During an interview on 3/19/2020 at 11:15 AM with Licensed Practical Nurse (LPN) #1 confirmed she did not recall notifying Resident #2's POA when the resident got a new order for the medication Buspar in February 2020. During further interview she confirmed she did not chart the notification to the resident's POA for the new medication Buspar in the resident's medical record. During an interview on 3/19/2020 at 5:45 PM with the Director of Nursing confirmed Resident #2's POA was not notified of a medication change for Buspar in February 2020.	F 580	F684 Resident 1 1. On 3/19/20 The physician for resident #1 was notified of missing lab and new order obtained for CMP lab draw. Resident #1 Responsible Party (RP) was notified of missing lab on 3/19/20 and made aware of new order to obtain lab draw. On 3/20/20 resident #1's lab results obtained. Resident #1's responsible party and physician was notified of the results. Registered Nurse(RN) #2 was re-educated on 3/19/20 by the Director of Nursing (DON) on following physicians' orders and the lab process. 2. On 4/7/20 the DON and ADON initiated an audit of lab orders for the last 30 days to ensure that orders were completed per physician's orders. This audit will be completed by 4/10/20. 3. On 04/06/20 the SDC, DON and ADON initiated education with the licensed nurses on following Physicians orders (PO) and the policy for labs and diagnostic testing. This education will be completed by 4/10/20. All resident lab orders will be reviewed 5 days a week in clinical white board meeting to ensure that lab order was processed into third party vendor lab service and lab requisition completed. The DON and ADON will audit lab results 4 days weekly x 4 weeks, 3 days weekly x 4 weeks then 2 days weekly x 4 weeks to ensure that residents' physician and resident and/or RP was notified of lab results per facility policy.	4/30/20
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed follow physician's orders for 2 of 4 residents (Resident #1 and #2) reviewed for	F 684		

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F 684	<p>Continued From page 4 physician orders.</p> <p>The findings include:</p> <p>Review of the medical record showed Resident #1 was admitted to the facility on 3/23/2018 with diagnoses which included Chronic Kidney Disease, Muscle Weakness, Age related Osteoporosis, Cerebral Infarction, Hypo-osmolality and Hyponatremia.</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment showed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 12 indicating the resident was moderately cognitively impaired.</p> <p>Review of Physician Order dated 2/20/20, showed, "...CBC [Complete Blood Count] W/Diff [with differential]; Comp [Comprehensive] Metabolic Panel, T3 [Triiodothyronine], T4 [Thyroxine], T7 [Free Thyroxine index], and TSH [Thyroid Stimulating Hormone]..."</p> <p>Review of the medical record showed no lab results for ordered labs on 2/20/2020.</p> <p>Review of the medical record showed Resident #2 was admitted to the facility on 9/18/2014 with diagnoses which included Vascular Dementia without behavioral disturbance, Essential Hypertension, Transient Cerebral Ischemic Attack, and Peripheral Vascular Disease.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated 11/6/2019 and Annual MDS dated 2/5/2020 revealed Resident #2 had a BIMS score of 00, indicating the resident was severely cognitively impaired. Further review revealed the</p>	F 684	<p>Resident 2</p> <p>1.On 03/06/2020 Resident #2 was discharged from the facility.</p> <p>2.On 04/05/20 the Director of Nursing (DON), Assistant Director of Nursing (ADON) and Registered Dietician initiated an audit of current residents' weight vital records, weight orders, supplemental nutrition orders and care plans to ensure that all were current and accurate. This audit will be completed by 04/15/20.</p> <p>3.On 03/05/20 a designated weight technician and /Certified Nursing Assistant (CNA) navigator was implemented to obtain monthly and weekly weights. The CNA navigator will submit completed weights to the DON and/or ADON for review.</p> <p>On 04/06/20 the SDC, DON and ADON initiated education licensed nurses, CNAs, dietary staff on the following: Weight policy and procedure. Following Physician's orders for obtaining weights. Types of therapeutic diets. Documentation of intakes. Education will be completed by 04/10/20.</p> <p>Plant Operations Director (POD) will calibrate all weight scales according to manufactures guidelines by 4/10/20.</p> <p>New admission, re-admission residents and those residents with weekly physician's orders for weights will be reviewed during the weekly "At Risk" (IDT) meeting to monitor nutritional, hydration and weight status.</p> <p>Admission, Weekly and Monthly weights will be reviewed 5 days weekly x4 weeks, 3 days weekly x4 weeks then 2 days weekly x4 weeks by the DON and ADON to ensure completion and accuracy of weights.</p>	

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F 684	Continued From page 5 resident required total dependence with one person physical assist with eating and had no weight loss. Review of Resident #2's Nutrition Care Plan dated 8/13/2019 revealed, "...feed elder...weigh weekly x 4 weeks; then weight monthly if weight is stable. Monitor weights for significant changes..." Review of Resident #2's Physician's Orders dated August 2019 through March 2020 showed, "...Monthly weight..." Review of Resident #2's weight record showed no weights were documented for the months of August, September, October and December 2019, and January 2020. During an interview on 3/19/2020 at 1:04 PM with the Director of Nursing (DON) confirmed labs were not obtained for Resident #1 on 2/20/2020 for CBC with Diff, Comprehensive Metabolic Panel, T3, T4, T7, and TSH and there was no order to discontinue them. During an interview on 3/19/2020 at 4:34 PM with Registered Nurse (RN) #2 she confirmed she didn't put the lab request in the computer on 2/20/2020 for Resident #1 and the labs were not obtained. During an interview on 3/19/2020 at 5:45 PM with the Director of Nursing confirmed Resident #2's physician orders were not followed related to not obtaining Resident #2's weights monthly as ordered and not obtaining lab work as ordered.	F 684	4. Resident 1 and 2 On 04/06/20 a Quality and Performance Improvement (QAPI) meeting was completed with the Medical Director, Administrator and DON and other members of the QAPI committee to discuss survey and plans to correct survey exit concerns. All audit findings will be presented to the Quality Assurance Performance Improvement (QAPI) Committee by the DON for review, to identify trends and for further recommendations monthly x 3 months or until substantial compliance is met. Members of the Quality Assurance Performance Improvement Committee include: Administrator; Director of Nursing; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities Director; Plant Operations Director; Infection Control Prevention Officer/Staff Development Coordinator; Rehabilitation Director; and Medical Records Director	
F 692	Nutrition/Hydration Status Maintenance	F 692		

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F 692 SS=D	<p>Continued From page 6 CFR(s): 483.25(g)(1)-(3)</p> <p>§483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to obtain and verify weights for 1 of 4 residents (Resident #2) reviewed for nutrition.</p> <p>The findings include:</p> <p>Review of the medical record showed Resident #2 was admitted to the facility on 9/18/2014 with diagnoses which included Vascular Dementia without behavioral disturbance, Essential Hypertension, Transient Cerebral Ischemic Attack, and Peripheral Vascular Disease.</p>	F 692	<p>F692</p> <p>1. On 03/06/2020 Resident #2 was discharged from the facility.</p> <p>2. On 04/05/20 the Director of Nursing (DON), Assistant Director of Nursing (ADON) and Registered Dietician initiated an audit of current residents' weight vital records, weight orders, supplemental nutrition orders and care plans to ensure that all were current and accurate. This audit will be completed by 04/15/20</p> <p>3. On 03/05/20 a designated weight technician and /Certified Nursing Assistant (CNA) navigator was implemented to obtain monthly and weekly weights. The CNA navigator will submit completed weights to the DON and/or ADON for review.</p> <p>On 03/05/20 a weight documentation form was implemented to ensure accurate weights are being obtained. CNA navigator will report form to DON or ADON to review any discrepancies.</p> <p>On 04/06/20 the SDC, DON and ADON have initiated education on licensed nurses, CNAs, dietary staff on the following: Weight policy and procedure. Types of therapeutic diets Documentation of intakes. Education will be completed by 04/10/20</p> <p>Plant Operations Director (POD) will calibrate all weight scales according to manufactures guidelines by 4/10/20.</p> <p>New admission, re-admission residents and those residents with weekly physician's orders for weights will be reviewed during the weekly "At Risk" (IDT) meeting to monitor nutritional, hydration and weight status.</p>	4/30/20

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F 692	<p>Continued From page 7</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated 11/6/2019 and Annual MDS dated 2/5/2020 showed Resident #2 scored 00 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. Further review revealed the resident required total dependence with one person physical assist with eating and had no weight loss.</p> <p>Review of Resident #2's Nutrition Care Plan dated 8/13/2019 showed, "...feed elder...weigh weekly x 4 weeks; then weight monthly if weight is stable. Monitor weights for significant changes..."</p> <p>Review of Resident #2's Physician's Orders dated August 2019 through March 2020 showed, "...Monthly weight..."</p> <p>Review of Resident #2's weight report showed no weights were documented for the months of August, September, October and December 2019, and January 2020.</p> <p>Review of Resident #2's weight report showed the resident weight on July 5, 2019 was 160.2 pounds, November 1, 2019 was 164.8 pounds, February 11, 2020 was 133.0 pounds, February 26, 2020 was 126.0 pounds, and February 26, 2020 was 122.1 pounds.</p> <p>Review of Resident #2's Registered Dietician Assessment dated 2/5/2020 showed, "...most recent height 67 inches, most recent weight 164.8...date of most recent weight 11/1/2019...he had gained from 140's in early summer to 160's in August and November, no recent weight...He is often combative with staff and care and has not been weighed in 3 months. P [plan]: Continue</p>	F 692	<p>4. On 04/06/20 a Quality and Performance Improvement (QAPI) meeting was completed with the Medical Director, Administrator and DON and other members of the QAPI committee to discuss survey and plans to correct survey exit concerns.</p> <p>All audit findings will be presented to the Quality Assurance Performance Improvement (QAPI) Committee by the DON for review, to identify trends and for review monthly x 3 months or until substantial compliance is met. Members of the Quality Assurance Performance Improvement Committee include: Administrator; Director of Nursing; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities Director; Plant Operations Director; Infection Control Prevention Officer/Staff Development Coordinator; Rehabilitation Director; and Medical Records Director</p>	

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F 692	Continued From page 8 with current POC [Plan of Care] and monitor..." Review of Resident #2's Nutrition Risk Assessment dated 2/21/2020 showed, "...most recent weight 2/11/2020 133.0 pounds...significant weight variance 3 months 19.3%, 6 months 18.7%...Resident noted with significant weight loss...He is at low end of IWR [Ideal Weight Range]: 133-163, BMI [Body Mass Index]: 20.83. P: Recommend to add magic cups BID [twice a day] on lunch and supper trays for 580 calories 18 GMs [grams] protein. Recommend to add to weekly weights. Continue to monitor..." During an interview on 3/19/2010 at 5:06 PM with the Registered Dietician confirmed she did an annual nutrition assessment for Resident #2 on February 5, 2020 and she noted the resident's most recent weight was November 2019 and she asked the staff to get a current weight on the resident. During further interview she stated the staff had not notified her that weights were not being obtained for the resident or asked her for any recommendations for the resident. During an interview on 3/19/2020 at 5:45 PM with the Director of Nursing confirmed Resident #2's weights were not obtained or monitored since August 2019.	F 692	F 842 1. On 03/06/2020 Resident #2 was discharged from the facility. 2. All residents have the potential to be affected by the same deficient practice. 3. On 04/06/20 the SDC, DON and ADON initiated re-education with the licensed nurses and CNAs on timely and accurate completion of resident intake documentation. Including meal and fluid intake. This education will be completed by 04/10/20 On 03/05/20 the CNAs began using hand-held tablets to document resident Activities of Daily Living (ADL) information. Including meal intakes. The tablets aide the CNAs in timely and accurate documentation. The Administrator, DON, ADON will review resident meal intake records for completion 5 days weekly x4 weeks, 3 days weekly x4 weeks then 2 days weekly x4 weeks in daily clinical whiteboard meeting. 4. On 04/06/20 a Quality and Performance Improvement (QAPI) meeting was completed with the Medical Director, Administrator and DON and other members of the QAPI committee to discuss survey and plans to correct survey exit concerns. All audit findings will be presented to the Quality Assurance Committee by the DON for review, to identify trends and for further recommendations monthly x 3 months or until substantial compliance is met. Members of the Quality Assurance Performance Improvement Committee include: Administrator; Director of Nursing; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities Director; Plant Operations Director; Infection Control Prevention Officer/Staff Development Coordinator; Rehabilitation Director; and Medical Records Director.	4/30/20
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in	F 842		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/27/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/19/2020
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NAME OF PROVIDER OR SUPPLIER

SIGNATURE HEALTH OF PORTLAND REHAB & WELLNESS CENT

STREET ADDRESS, CITY, STATE, ZIP CODE
215 HIGHLAND CIRCLE DRIVE
PORTLAND, TN 37148

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F 842	Continued From page 9 accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.	F 842		

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F 842	<p>Continued From page 10</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review and interview, the facility failed to maintain a complete and accurate medical record for 1 of 4 residents (#2) reviewed.</p> <p>The findings include:</p> <p>Review of the medical record showed Resident #2 was admitted to the facility on 9/18/2014 with diagnoses which included Vascular Dementia without behavioral disturbance, Essential Hypertension, Transient Cerebral Ischemic Attack, and Peripheral Vascular Disease.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated 11/6/2019 and Annual MDS dated 2/5/2020 showed Resident #2 scored 00 on the</p>	F 842		

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F 842	<p>Continued From page 11</p> <p>Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. Further review revealed the resident required total dependence with one person physical assist with eating and had no weight loss.</p> <p>Review of Resident #2's Nutrition Care Plan dated 8/13/2019 showed, "...feed elder...weigh weekly x 4 weeks; then weight monthly if weight is stable. Monitor weights for significant changes..."</p> <p>Review of Resident #2's Physician's Orders dated August 2019 through March 2020 showed, "...Monthly weight..."</p> <p>Review of Resident #2's weight record showed no weights were documented for the months of August, September, October and December 2019, and January 2020.</p> <p>Review of Resident #2's Vital Sign report for food intake dated August 1, 2019 through March 6, 2020 revealed no meal intake documentation for 56 meals.</p> <p>Review of Resident #2's weight report showed the resident weight on July 5, 2019 was 160.2 pounds, November 1, 2019 was 164.8 pounds, February 11, 2020 was 133.0 pounds, February 26, 2020 was 126.0 pounds, and February 26, 2020 was 122.1 pounds.</p> <p>During an interview on 3/19/2020 at 5:45 PM with the Director of Nursing confirmed Resident #2 medical record was incomplete related to meal intakes or weights not being documented.</p>	F 842		